Beyond Healing

Name:____

Address: ____________________________ City _____________ State_____Zip_________

SSN: _________________ DOB: ____________ Gender:________ Pronouns:___________

Home Phone: _______________ Work Phone: ______________ Cell:_________________

Email Address: ____

Employer:___________________________

Relationship Status: ___________________________
Please provide any legal documentation or court documentation to Counselor_____

Full Time Student ______ Part Time Student ______Employed Full Time/Part Time______

Do you prefer to be contacted for appointment confirmation via email or phone? _______________

■ Insurance – Primary ■

Subscriber Name: ___________________ Relationship to Patient: ____________________
Subscriber DOB: _______ Subscriber ID: ______________ Group Number: __________
Subscriber Employer: _______________________________________
Insurance Company Name: ____
Insurance Company Address:____
Insurance Company Phone: _____________________

■ Insurance – Secondary ■

Subscriber Name: ____________________________ Relationship to Patient: ____________
Subscriber DOB: _________ Subscriber ID: ______________ Group Number: ________
Subscriber Employer: __________________________
Insurance Company Name: ____
Insurance Company Address: ____
Insurance Company Phone: _____________________

■ Assignment and Release ■
I, the undersigned, certify that I (or my dependent) have insurance coverage and assign benefits directly to Beyond Healing all insurance benefits, if any, otherwise payable to me for services rendered. I understand that I am financially responsible for all charges whether or not paid by insurance. I hereby authorize Beyond Healing to release all information necessary to secure the payments of benefits. I authorize the use of this signature on all insurance submissions.

Responsible Party Signature: _______________________Relationship: ___________

CONSENT: I consent to the diagnostic procedures and treatment provided to me by Beyond Healing.

Patient/Guardian Signature: ____________________ Date: _______